

Application for Absentee Ballot June 11, 2019 Special Election State Representative District 45

Application Received
(Date/Time)

Ballot Sent/Delivered (Date/Time)

An absentee ballot request must be received by the Municipal Clerk by the close of business on **Thursday**, **June 6**, **2019**, unless special circumstances exist.

	Voted absentee ballots must be received by the Municipal Clerk by 8	p.m. on June 11, 2019.
1.	Full Name of Registered Voter Requesting the Ballot	
2.	Residence Address of Voter(Street Address)	(Municipality)
	Voter's Date of Birth / d _ d / y _ y _ y _ y	
4.	Daytime Phone Number (optional)	
5.	Method of Delivery of Ballot to the Voter	
	a. Issued to Voter (Application Required if Voter will Vote Outside the Municipal Clerk's Presence)	
	b. By Mail to this Address	
	c. By Immediate Family Member of Voter	
	Designated Here	
	d. By this 3 rd Person (Designated by the Voter)	(Relationship to Voter)
	(Name)	(Telephone #)
6.	Signature of Voter <i>OR</i> Immediate Family Member of Voter	Date
	Note: If an immediate family member of the voter is completing this application, the relationship to the voter must be provided in $5(c)$ above. The absentee ballot can be delivered to the immediate family member in person or mailed to the address provided in $5(b)$.	
7.	Signature of Immediate Family Member Returning the Ballot	
	Relationship to Voter (Complete Section #7 Only if Ballot was Delivered to the Voter or a Different Immediate Family Member of the Voter)	
	AIDE CERTIFICATE (Must be Completed if Applicant was A	ssisted as Designated Relow)
	the voter received assistance in reading and/or signing this application, the omplete and sign this certificate.	
Ιh	helped this voter: $lacksquare$ read the application $lacksquare$ sign the application	read and sign the application
Sig	gnature of Aide Printed Name of Aide	